

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

- (a) County Jackson
(b) City or town Mo.
(c) Name of hospital or institution H. C. Memorial Hospital
(d) Length of stay: In hospital or institution 545 (Specify whether years, months or days)

In this community years, months or days

3. (a) PRINT FULL NAME

Carl G. Tomlin

3. (b) If veteran, name war no

3. (c) Social Security No. 545

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth Tomlin

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased (Month) unknown (Day) unknown (Year) unknown

8. AGE:

Years

Months

Days

If less than one day

April 30

9. Birthplace

Bucknidge Mo

10. Usual occupation

Carpenter

11. Industry or business

MOTHER FATHER

12. Name

H. M. Tomlin

13. Birthplace

Davis County Mo

14. Maiden name

Walter M. Tomlin

15. Birthplace

Davis County Mo

16. (a) Informant

Mrs. Mable Benson

(b) Address

2610 E 40th St.

17. (a)

Burial

(b) Date thereof

3-17-40

(c) Place: burial or cremation

Bucknidge Mo

18. (a) Signature of funeral director

H. T. Ferguson

(b) Address

3-17-40

19. (a)

3-17-40

H. M. Brown

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mo

(b) County

Jackson

(c) City or town

Mo.

(d) Street No.

2610 E 40th St.

(e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

day

3-12-40

year

hour

12:30 A.

21. I hereby certify that the deceased died from

1720 A.

to, 19

that the death occurred on the date and hour stated above.

Immediate cause of death

Railroad trauma

Qualification of both arms and left leg

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

Accident

(b) Date of occurrence

3-12-40

(c) Where did injury occur?

K. C. Mo.

(d) Did injury occur in or about home, on farm, in industrial place, or public place?

Do not know

While at work?

Do not know

23. Signature

Victor H. Bunker

Address

K. C. Mo

Date signed

207m
99

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Francis Walton....., Registered Apprentice No. 2744
working under my personal supervision.

Signed Francis Walton
By J. A. Tignor

Licensed Embalmer No. 2744

P. O. Address A.P. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

9762

Registration District No.

Primary Registration District No.

Registrar's No.

1196-

1. PLACE OF DEATH

- (a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Carl A. Tomlin

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____

(Burial, cremation, or removal)

- (b) Date thereof _____

(Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) 3/12/40

(Date received local registrar)

- (b) M. M. Brown

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

- (c) City or town _____
(If outside city or town limits write "RURAL")

- (d) Street No. _____
(If rural, give location)

- (e) If foreign born, how long in U. S. A.? _____ years.

DECEASED CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12 year 40
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death

P. A. Traumatism

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Accid.

- (b) Date of occurrence 3-13-40

- (c) Where did injury occur? K.C. Mo

(City or town)

(County)

(State)

- (d) Did injury occur in or about home, on farm, in industrial place, or in public place? Public place

While at work? _____

(Specify type of place)

Means of injury _____

23. Signature Victor B. Bohlman (M. D. or other) _____

Address _____

Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1940
S-9762